

of the mother alone, or of both parents; but surgeons and accoucheurs have hesitated in believing that the male can infect the embryo without infecting the female. Three cases are brought forward in order to elucidate the point in question.

M. H., nine weeks old, was brought to the author by its mother on account of an eruption, chiefly papular, over the whole body. The voice was hoarse, and there was slight discharge from the nose; the palms of the hand presented a scaly copper-coloured eruption. Emaciation was less than is usually observed in children labouring under syphilis, but that peculiar earthy hue of the skin generally was very evident. The mother states, she married four years ago, became soon after pregnant, and at the full time produced a dead child, the skin of which was dark-coloured, and peeled off on the slightest touch. During the following year she miscarried. On the occurrence of the third pregnancy, the child, the present patient, was born at the full period perfectly healthy. During the third week spots were observed on the genital organs, and they have been increasing up to the present time. No symptom either of primary or secondary disease could be discovered in the mother. The father, about four years ago, contracted chancres, was salivated, and secondary symptoms followed. He again took mercury, and, believing himself cured, married, and denies having had any primary symptoms since, but he has occasionally seen white spots on his mouth and tongue—has not remarked any spots on his body. There is nothing at present in his appearance to bespeak syphilis, nor can any recent marks of infection be discovered. The author directed an ointment, composed of unguent. hydrarg. nitrat. and spermaceti, to be applied to the affected skin, and a powder, containing two grains of hydrarg. c. creta, to be given at night. Within a month the child was free from disease, and had regained its healthy appearance. The author gives an abridged account of two other cases of secondary syphilis in men, whose wives were free from all disease, but had miscarried. He remarks that these cases furnish three instances of males affected with constitutional syphilis who marry and yet fail to communicate any disease to their wives, thus far corroborating our experiments that secondary symptoms are not inoculable or capable of transmission from an infected adult to a healthy female. They moreover make it probable that a male thus infected may so far exercise a morbid influence on the embryo, the result of cohabitation between him and a healthy female, as to cause its premature expulsion, or disease it so much, that soon after birth secondary symptoms will appear. The first case further induces the belief, that though syphilis may produce miscarriage, a healthy child can be subsequently born, although no mercury be given to either parent. If it be true that the father can infect the fetus without contaminating the mother, it justifies the surgeon in sparing her a course of mercury, and may induce him to treat the child with some mild mercurial without fear of its being re-infected by the milk of the mother; thus offering additional evidence that the mother does not participate in the disease which the child inherits from the father.

Dr. King said, that when a child was born with syphilis, Dr. Hamilton, of Edinburgh, used to recommend that both parents should be placed under the influence of mercury. He related some cases to show that a child might be born with syphilis, although the mother might be uncontaminated. He regarded the plan of treating the children so affected by placing a flannel belt round their body smeared with mercurial ointment and covered with oil silk, as recommended by Sir B. Brodie, as an excellent mode of treatment.—*Proceedings of Royal Med. Chirurg. Soc., Lond. Med. Gaz., May 23, 1845.*

41. *Pathological Anatomy*.—The following very sensible remarks are extracted from the concluding paragraph of a Review of Schultz's General Pathology, in our highly esteemed cotemporary, the *London and Edinburgh Monthly Journal of Med. Sci., Aug., 1845.*

"Our earnest desire is to impress on the minds of our younger readers, that **PATHOLOGICAL ANATOMY IS NOT PATHOLOGY**, and that it is but a means to an end. It is only by keeping this in view, that we can hope to avoid such a reproach as the following, by Professor Schultz:—'Physicians open a body, and find hypertrophy of the liver, or hardness of the spleen, and conclude that the patient died from

one or other of these affections! But they are blind to the fact, that hundreds pursue their daily avocations, with enlarged livers and hypertrophied spleens, and that women can walk about with ovaria enlarged to the size of a child, till at last, being found in the dead body, it is presumed, that death has ensued in consequence of these enlargements! Shall we never learn from such facts, that diseases do not originate from diseased masses and products, but that these same bodies are the effect of disease, and the token that it has been present? Shall we never learn that the patient died, not from these pathological growths, but from the process of disease which called them into existence? and further, that we are not to direct our attention to the mere residues of disease, and the products of death, but rather to the destructive, or death-process itself." (Introduction, p. 25.)

42. *On the causes and prevention of Apoplexy and Paralysis.* By MARSHALL HALL, M. D.—There is no more delicate or more momentous question in the practice of medicine than that of the prevention of attacks of apoplexy, or of hemiplegia, or other paralytic affections. These arise from such different and even opposite causes, that that very course of medicine and regimen which is most conducive to safety in one case, has the very opposite tendency in another; and the diagnosis, on which our treatment depends, requires the utmost care and attention.

There is sometimes a state of plethora, or of too great fullness; sometimes the opposite condition of anemia, or bloodlessness; in other cases there is neither plethora nor anemia, but that morbid condition of the system termed cachexia, often denoted by boils, carbuncles, &c., with deranged secretions,—as the predisposing cause of attacks of paralysis.

Allied to this last condition, is that which obtains in dyspepsia and gout.

The imperfect performance of the function of the lung, of the liver, and especially of the kidneys, is, in another class of cases, the cause of these formidable diseases.

In some cases there is disease of the heart; in others, of the minute arteries or veins, or of the capillary vessels of the brain or its membranes.

The attention even of physicians has, until recently, been too much directed to fullness, as the general cause of the apoplectic or paralytic attack; and as to the public, they have to this moment only one idea,—that a fit, a seizure of any kind, is fullness; and the practitioner who, being summoned to such a case, shall bravo this opinion, and, depending on his professional knowledge, his good sense, and his just discretion, shall discard that invariable refuge of the timid and ignorant, the lancet, will make himself responsible for the issue.

The real principle of prevention of the apoplectic or paralytic seizure, is that of inducing a state of *equilibrium*, in regard to plethora or inanition, and of *health*, in regard to the general tone, habit, and secretions.

Dr. Hall states that he has repeatedly been consulted by patients with a pallid and anæmious countenance, who have been kept in a state of constant alarm by the continual use of blood-letting, or application of leeches, whom an opposite course, especially a mild chalybeate, adopted and pursued with due caution and prudence, has rescued from this state of alarm, and of danger too—for there is danger even of apoplexy and paralysis, in a state of inanition,—in a moderate space of time.

In other cases, a state of dyspepsia, or of cachexia, has induced similar symptoms, which have been kept up by similar means. The cure depended on the restoration, by air and exercise, early hours, and a strict regimen, and mild cold bathing, and such remedies as quinine and sarsaparilla, of the general health.

Dr. Hall offers the following remarks on each of the conditions to which he has adverted.

1. *Plethora.* When there is plethora as the cause of the threatening of an attack of apoplexy or paralysis, the remedy, the safety of the patient, consists in—depletion.

How are we to be certain of the fact? There may be the appearance of the sanguineous temperament in the countenance, an athletic form, the general appearance of too rude health; and with all this, headache, vertigo, and other symptoms of head affection. But, is it certain that the symptoms, in such a case, depend upon fullness? If there be, in addition to the appearances and symptoms which I have enumerated, a disposition to *doze*, it is nearly so. But, in the absence